

**Nursing Home Quality Measures Workgroup
Discussion Items – Working Document**

Proposal A Note: Recommended by one organization.	
Quality Measures: Low Risk Incontinence Depressed Mood Mobility Decline	Items for Discussion: <ol style="list-style-type: none">1. How would these items be measured?2. Are these conditions currently tracked and reported? If so, to whom. If not, who would they be reported too?3. What are acceptable and unacceptable levels for each item? Areas of Concern: <ul style="list-style-type: none">• Acuity of patient population directly affects the outcomes.• Difficult to compare facilities.• Data source is, at times, too low to be measured.

<p>Proposal B</p> <p>Note: Recommended by four organizations.</p>	
<p>Quality Measures:</p> <p>(A) At the time of application, the applicant and all nursing homes/HLTCU under common ownership or control in Michigan and/or in other states shall provide a report demonstrating that it does not meet the following conditions. For chain organizations, the applicant shall provide a report demonstrating that it does not meet the following conditions in more than one of its nursing homes/HLTCU if it is a chain organization with 10 or less nursing homes/HLTCU or 14% or more of its nursing homes/HLTCU if it is a chain organization with more than 10 nursing homes/HLTCU:</p> <p>I. A state enforcement action resulting in a license revocation, reduced license capacity, or receivership within the last three years, or from the change of ownership date if the facility has come under common ownership or control within 24 months of the date of application.</p> <p>II. A filing for bankruptcy within the last three years, or from the change of ownership date if the facility has come under common ownership or control within 24 months of the application.</p> <p>III. Termination of a medical assistance provider agreement initiated by the Department or licensing and certification agency in another state, within the last three years, or from the change of ownership or control within 24 months of the date of the application.</p> <p>IV. Current listing as a Special Focus Facility in Michigan or any other state along with poor resident satisfaction survey outcomes.</p> <p>(To meet the above condition, a facility designated as a Special Focus Facility must also demonstrate poor resident satisfaction survey outcomes (with rankings of good or excellent in overall satisfaction at a level to be determined by a workgroup) using an external process and specified nationally recognized tool for the past 12 months.)</p> <p>V. Outstanding debt obligation to the state of Michigan for quality assurance assessment program or civil monetary penalties.</p>	<p>Items for Discussion:</p> <ol style="list-style-type: none"> 1. How would these items be measured? 2. Define specific criteria for the resident satisfaction surveys. 3. What are acceptable and unacceptable levels? <p>Areas of Concern:</p> <ul style="list-style-type: none"> • Criteria for selection of the Special Focus Facilities is unknown. <p>January 9, 2008 Meeting:</p> <ul style="list-style-type: none"> • Conference call with representative from My InnerView.

<p>Proposal C</p> <p>Note: Recommended by one organization.</p>	
<p>Quality Measures:</p> <ol style="list-style-type: none"> I. A state enforcement action resulting in a license revocation, reduced license capacity, or receivership. II. A filing for bankruptcy. III. Termination of a medical assistance provider agreement initiated by the Department or licensing and certification agency in another state. IV. Listing as a Special Focus Facility in Michigan or any other state. V. Poor consumer satisfaction survey outcomes using a specified nationally recognized survey tool. VI. Poor employee satisfaction survey outcomes using a specified nationally recognized survey tool. VII. Outstanding debt obligation to the state of Michigan for quality assurance assessment program or civil monetary penalties. 	<p>Items for Discussion:</p> <ol style="list-style-type: none"> 1. How would these items be measured? 2. Define specific criteria for the resident satisfaction survey. 3. Define specific criteria for the employee satisfaction survey. 4. What are acceptable and unacceptable levels for each survey? 5. During what time frames?
	<p>January 9, 2008 Meeting:</p> <ul style="list-style-type: none"> • Conference call with Hollis Turnham, PHI National. • Conference call with representative from My InnerView.

<p>Proposal D</p> <p>Note: Workgroup modification to Proposal B.</p>	
<p>Quality Measures:</p> <p>(A) At the time of application, the applicant and all nursing homes/HLTCU under common ownership or control in Michigan and/or in other states shall provide a report demonstrating that it does not meet the following conditions. For chain organizations, the applicant shall provide a report demonstrating that it does not meet the following conditions in more than one of its nursing homes/HLTCU if it is a chain organization with 10 or less nursing homes/HLTCU or 14% or more of its nursing homes/HLTCU if it is a chain organization with more than 10 nursing homes/HLTCU:</p> <p>I. A state enforcement action resulting in a license revocation, reduced license capacity, or receivership within the last three years, or from the change of ownership date if the facility has come under common ownership or control within 24 months of the date of application.</p> <p>II. A filing for bankruptcy within the last three years, or from the change of ownership date if the facility has come under common ownership or control within 24 months of the application.</p> <p>III. Termination of a medical assistance provider agreement initiated by the Department or licensing and certification agency in another state, within the last three years, or from the change of ownership or control within 24 months of the date of the application.</p> <p>IV. A number of citations at level D or above, excluding life safety code citations, on the scope and severity grid on two consecutive standard surveys that exceeds twice the statewide average in the state in which the nursing home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all licensed only facilities on the last two licensing surveys. However, if the facility has come under common ownership or control within 24 months of the date of the application, the first two licensing surveys as of the change of ownership date, shall be excluded.</p> <p>V. Listed as a Special Focus Facility.</p> <p>VI. Outstanding debt obligation to the state of Michigan for quality assurance assessment program or civil monetary penalties.</p> <p>VII. Two state rule violations showing failure to comply with the state minimum staffing requirements and/or a federal repeat citation arising out of a standard survey documenting potentially harmful resident care deficits resulting from insufficient staff within the last three years, or from the change of ownership date if the facility has come under common ownership or control within 24 months of the date of the application.</p> <p>VIII. Repeat citations at the harm or substandard quality of care level issued within the last three years, unless the facility can demonstrate good overall customer satisfaction survey results. However, if the facility has come under common ownership or control within 24 months of the date of the application, the first two licensing surveys as of the change of ownership date, shall be excluded.</p>	<p>Items for Discussion:</p> <ol style="list-style-type: none"> 1. How would these items be measured? 2. Define specific criteria for the resident satisfaction surveys. 3. What are acceptable and unacceptable levels? <p>January 9, 2008 Meeting:</p> <ul style="list-style-type: none"> • Conference call with representative from My InnerView.